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DATE: January 27, 2009

TO: USPTO

FAX #: 571-273-3800

FROM: Harold Cutler, (Customer # 85688)

Pages incl. cover: 2

USPTO,

Attached please find form PTO/SB/81 executed to revoke POA from Dykema (Present Attorney) and direct future correspondence from the USPTO directly to myself.

If there are any errors or deficiencies in the preparation or submission of this form, please advise to the email associated with the above Customer Number.

Thank you,

Harold E Cutler 847-244-3667 harrycutler@sbcglobal.net

signature is required, see below*.

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POWER OF ATTORNEY

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JAN 27 2009

Print Form

Approved for use through 11/30/2011, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number. Application Number

Filing Date 09/16/06 OR Curter, Harold E. First Named Inventor **REVOCATION OF POWER OF ATTORNEY Oral Device** Title WITH A NEW POWER OF ATTORNEY Art Unit AND **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS **Attorney Docket Number** I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Registration Number Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. OR 85688 The address associated with Customer Number: × OR Firm or Individual Name Address Ζip State City Country Telephone Email I am the: Applicant/Inventor. × OR Assignee of record of the entire interest. See 37 CFR 3.71. Z3(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record January 27, 2009 Signature Date Name Telephone +1 (847) 244-3667 Title and Company Inventor NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

forms are submitted.